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REPLY

We thank Dr Quinn et al for their interest in our study.[1] Their letter offers a possible explanation for why women with prior abortion have an increased risk of spontaneous preterm delivery. They speculate that both surgical and medical evacuation of the uterus might result in injuries of the uterosacral ligaments and of the uterovaginal nerves, which could lead to an increased risk of preterm labor. They also state that "medical evacuation complicated by excessive uterine activity may increase the risk of preterm labor." These statements raise at least 3 issues. First, they do not provide references to support the thesis that women undergoing surgical or medical evacuation have an increased risk of denervation of the lower genital tract. Second, the literature lacks data regarding the possible association between uterosacral ligament injuries (which is indeed correlated with pelvic organ prolapse),[2] and risk of preterm birth. Lastly, if uterine activity related to medical evacuation is really associated with increased risk of preterm delivery, women with prior induction of labor should be at least as likely as those with prior medical abortion to have an increased risk for spontaneous preterm birth.

In our meta-analysis there were 3 main hypotheses to explain our findings.[1]

1) Infectious diseases following surgical uterine evacuation can account for the increased risk. The increased risk could result from the overt or covert infection following surgical uterine evacuation.
2) The mechanical trauma to the cervix can lead to increased risk of cervical insufficiency.
3) Surgical procedures including curettage during dilation and evacuation may result in scar tissue that may increase the probability of faulty placental implantation.

We look forward to further discussion, ideas and research on this important topic. ■

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The Physician Payments Sunshine Act: a smokescreen if no action!

TO THE EDITORS: The call of Shalowitz et al[1] for action regarding interactions with industry is a commendable beacon.

We applaud the clarity: Interactions are "strongly discouraged" (see Table[1]) because, of course, industry's aim is "to influence (prescribers) behavior" and "transparency by itself is not a sufficient solution." However, industry continues to argue that it "plays a valid and important role in the provision of medical education …" and that "medical representatives can be a useful resource for healthcare professionals …" despite evidence to the contrary.[2] In addition, mere disclosure of conflicts of interests does not make them disappear. We should avoid euphemisms such as "social events and industry symposia" when they are actually "sham events to increase prescribing."[3]

Their analysis of data available with the Physician Payments Sunshine Act is revealing when they highlight that 765 gyneco-oncologists accepted research-unrelated payments totaling $1,957,004 in 2014 (mean value $2500 each), 48 receiving >$10,000.[1] This way of portraying the data contrasts with other reports that minimize the problem, for example when pediatric authors summarize company-reported data as a "median individual payment" of $14